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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

4.50

9.75

1.50

DUE
DATES

1

1

1

1322

1324

1326

No

No

No

SKINNER, HARLEY & ANELDA

WALTON, PATRICK

TAYLOR, HEIDI

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning 20 and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 29 McCone 0547 Circle Elem Elementary Contract District Daily # of Days Transported # # Shared Family's Name Rate 1 1080 No Yarger, Floyd 5.00 1 1081 No Larson, Rejeana 1.50 1082 Gebhardt, Paul 1 Yes 0.50 WRIGHT, JAY 1124 No 2.50 1 SKYBERG, BARBARA 1 1125 No 1.75 1 1126 No KASTEN, DIANE 3.50 1 1127 No WILSON, JANA M 0.65 1129 NAGEL, GREGORY A 0.25 1 Yes 1130 LARSON, LYNAE 1 No 1.00 WILLIAMS, JANET 1 1321 No 16.50

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Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 29 McCone 0566 Vida Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 134 1079 Yes Smith, Heather & Roger 3.25 VINE, SHANNON 134 1327 No 6.75

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